



Income Guidelines and Co-Pays for WVCHIP

Family Size	Gold		Blue		Premium Plan	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
2	\$1,839	\$22,065	\$2,452	\$29,420	\$3,678	\$44,130
3	\$2,317	\$27,795	\$3,089	\$37,060	\$4,633	\$55,590
4	\$2,794	\$33,525	\$3,725	\$44,700	\$5,588	\$67,050
5	\$3,272	\$39,255	\$4,362	\$52,340	\$6,543	\$78,510
6	\$3,749	\$44,985	\$4,999	\$59,980	\$7,498	\$89,970
7	\$4,227	\$50,715	\$5,635	\$67,620	\$8,453	\$101,430

At lower income levels, families may be eligible for WV Medicaid.

Copayments			
Medical Services and Prescription Benefits	Gold	Blue	Premium Plan Co-Pay
Generic Prescriptions	No Co-Pay	No Co-Pay	No Co-Pay
Listed Brand Prescriptions	\$5	\$10	\$15
Non-Listed Brand Prescriptions	Full Retail Cost	Full Retail Cost	Full Retail Cost
Medical Home Physician Visit	No Co-Pay	No Co-Pay	No Co-Pay
Physician Visit (Non-Medical Home)	\$5	\$15	\$20
Immunizations	No Co-Pay	No Co-Pay	No Co-Pay
Hospital/Inpatient Services	No Co-Pay	\$25	\$25
Outpatient Services (per procedure)	No Co-Pay	\$25	\$25
Emergency Room (is waived if admitted)	No Co-Pay	\$35	\$35
Dental Services	No Co-Pay	No Co-Pay	\$25 for some services
Vision Services	No Co-Pay	No Co-Pay	No Co-Pay

Call toll-free at 1-877-982-2447
or visit www.chip.wv.gov
for more information.

Maximum Copayments Allowed			
# of Children Co-Pay Maximums	Gold	Blue	Premium Plan
1 Child Medical Maximum	\$150	\$150	\$200
1 Child Prescription Maximum	\$100	\$100	\$150
2 Children Medical Maximum	\$300	\$300	\$400
2 Children Prescription Maximum	\$200	\$200	\$250
3 Children Medical Maximum	\$450	\$450	\$600
3 Children Prescription Maximum	\$300	\$300	\$350
Dental (Premium Plan ONLY)	\$100 per Member \$150 per Family		